

PLEASE CHECK ALL THAT APPLY.

- Animal is up to date on all vaccinations: Yes No
- Animal has been spayed or neutered: Yes No
- Animal is free of fleas, ticks and other parasites: Yes No
- Animal is house trained (if applicable): Yes No
- Animal has a temperament that makes it safe to be around others: Yes No

Please share any additional information below, if necessary.



DISABILITY RESOURCE CENTER

CLEAN BILL OF HEALTH CERTIFICATE

Student's Name: _____ Student's ID: _____

Animal's Name: _____ Type/Breed: _____

I, _____, verify that this animal _____ has a clean bill of health and is able to safely
veterinarian name animal name
live on the campus of Eastern Michigan University. I was able to examine the animal on _____ and found that this
date
animal does not have any concerning issues that could cause harm to the student, itself, or members of the campus community in
the current/future. The animal is up to date on all current vaccinations which include: _____

(put N/A if not applicapable).

Veterinarian Signature: _____

Veterinarian Name (Printed): _____

Veterinarian License #: _____

License Expiration Date: _____

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